



Case Management Kit



NC BCCCP Case Management Kit



Case Management Kit



North Carolina Department of Health and Human Services
Division of Public Health • Chronic Disease and Injury Section
Cancer Prevention and Control Branch
Breast and Cervical Cancer Control Program/Wise Woman Project
1922 Mail Service Center • Raleigh, North Carolina 27699-1922
Tel 919-707-5300 • Fax 919-870-4812

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Jeffrey P. Engel, M.D.
State Health Director

August 16, 2010

MEMORANDUM

To: Local BCCCP Coordinators

From: Linda Rascoe, Director
NC BCCCP and WISEWOMAN

Subject: Revised Edition 2010
NC BCCCP Case Management Kit

Enclosed are the contents of the revised edition of the NC BCCCP Case Management Kit, 2010. Please remove the contents of your current Case Management Kit, dated September, 2007, and replace them with the enclosed forms, including the binder cover inserts and the index page.

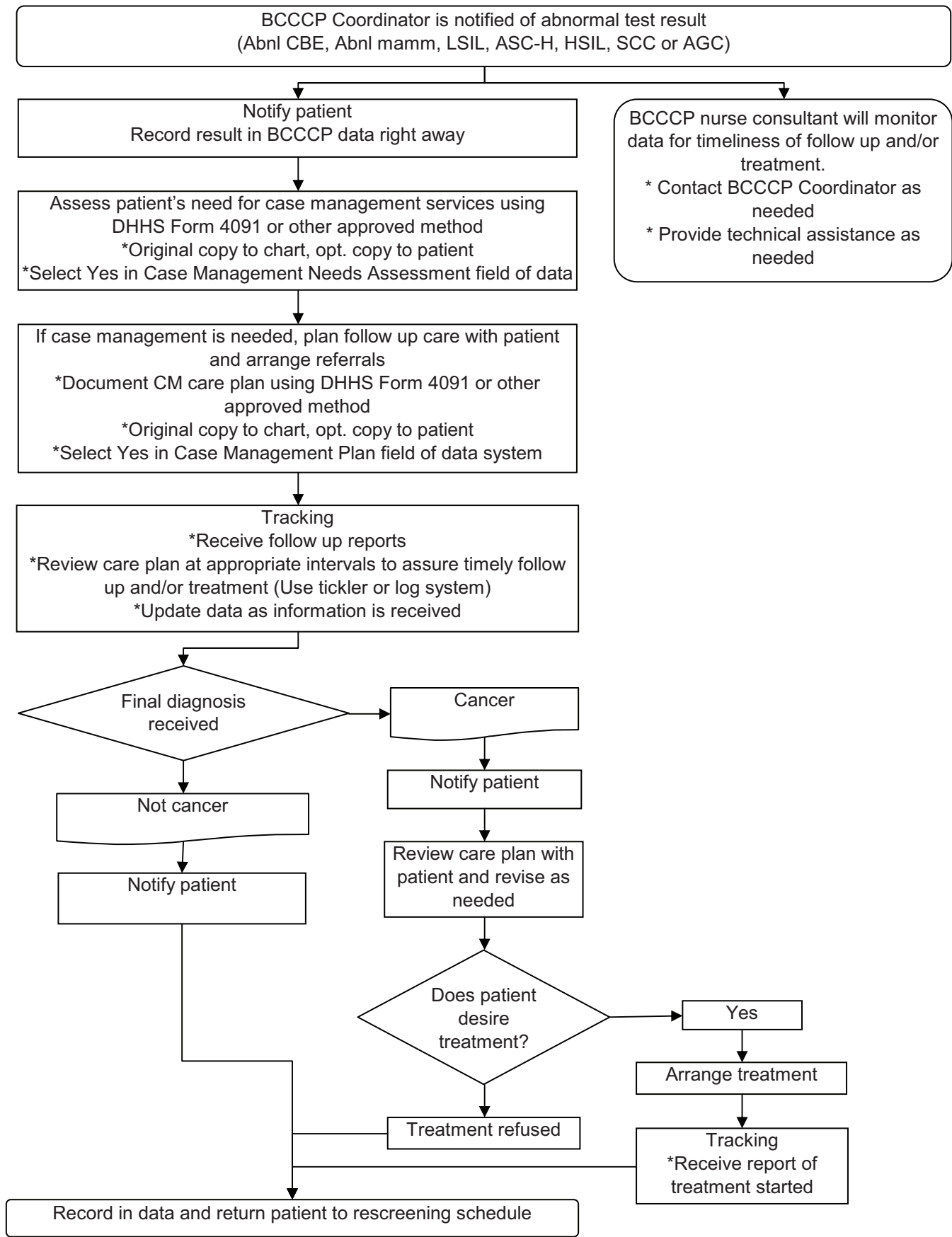
The Case Management Needs Assessment Form and the Case Management Care Plans have been combined into one form, reformatted to simplify your paperwork. The new form has been approved by the DPH Forms Committee. Instructions are included for completing the form.

The training outline has been updated and made more useful as a reference.

The NC BCCCP Case Management has been used as a model for other states across the nation. We hope that this revised guide will be even easier for you to use as you strive to provide the very best care to the women of North Carolina.

Tab 1: Flow Chart

CASE MANAGEMENT PROCESS



*The needs assessment and care plan must ultimately become part of the patient's chart. However, depending on how the staff in your facility uses the charts, it may be more convenient and efficient to retain this in your tickler system until the case has been resolved. The choice is up to you and your facility, as long as continuity is maintained for women receiving more than one agency service.

DESCRIPTION OF CASE MANAGEMENT FLOW CHART

1. When you receive notice of an abnormal test result, enter this immediately into the data system. Do not wait until the 10th of the month. Abnormal results which require case management include (a) CBE result of discrete palpable mass, bloody or serous nipple discharge, nipple or areolar scaliness, and skin dimpling or retraction, (b) mammogram result of Category IV or Category V (and sometimes Category 0), (c) Pap result of LSIL or LGSIL – low grade squamous epithelial lesion, (d) Pap result of ASC-H – abnormal squamous cells, cannot exclude HSIL), (e) Pap result of HSIL or HGSIL – high grade squamous epithelial lesion, (f) Pap result of SCC - Squamous cell carcinoma, or (g) Pap result of AGC – abnormal glandular cells.
2. Notify the patient of the abnormal result and record the result in BCCCP data. Until the work up is complete, enter the diagnostic disposition of the case as Pending (2). Your BCCCP nurse consultant will continue to monitor data throughout the process as a double check on timely diagnosis and treatment. If unusual delays or outcomes are apparent, he/she will contact you for clarification and technical assistance as needed. Also, do not hesitate to call your consultant if you encounter problems; together you may be able to find a solution.
3. Assess the patient's need for case management services using DHHS Form 4091 or other approved method. You will probably be able to do this at the same time you notify the patient of the abnormal result.
4. Plan appropriate follow up care with the patient and arrange referrals as needed, using BCCCP protocols. Document the CM plan of care using DHHS Form 4091 or other approved method, and personalize the plan as needed. If you would like a more detailed template or would like to substitute your own, contact your nurse consultant.
5. Track results of any diagnostic tests ordered. If you do not receive reports promptly, follow up with the provider. Review the care plan at regular intervals to assure the patient receives timely follow up and/or treatment. We recommend that you use a tickler or log system to remind yourself to check the status of follow up and to review the care plan. Please do not hesitate to call us if you encounter problems you are unable to resolve by yourself.
6. When you receive the final diagnosis, determine if the patient has cancer or does not have cancer.
7. If the patient does not have cancer, follow up is complete. Notify the patient of the good news, record the information in the BCCCP data, and return the patient to her regular screening schedule. Case management is complete at this point.
8. If the patient does have cancer, notify her promptly. Review the care plan with her and revise as needed. Be sure to document your revisions. Determine if the patient desires to pursue treatment.
9. If the patient refuses treatment, record the information in the BCCCP data and return the patient to her regular screening schedule. Case management is complete at this point. However, please assure the patient that she is welcome to return to you if she changes her mind and decides to seek treatment.
10. If the patient does wish to seek treatment, help her arrange the necessary appointments and funding sources, track the outcomes, and record information in the BCCCP data when treatment has begun. After treatment begins, return the patient to an appropriate screening schedule. Case management is complete at this point.

Tab 2: Overview and Philosophy

NC BCCCP CASE MANAGEMENT OVERVIEW

INTRODUCTION

In 1998, Congress added a reference to the provision of “support services such as case management” to the law that authorizes the National Breast and Cervical Cancer Early Detection and Prevention Program. Subsequently, the Centers for Disease Control and Prevention (CDC) required of States that they add a case management component to their state programs.

NC BCCCP PHILOSOPHY

Case management, to at least some degree, has always been a role for NC BCCCP providers. In many instances, the coordinators have been able to do this quite well, and the state has no desire to “fix it if it isn’t broken.”

However, there has been much variability across the state in many respects. Besides fragmented services, disruptions in continuity of care, system inaccessibility, and other problems, documentation of the things that go right has also been inconsistent.

The approach to case management presented in this kit attempts to address some of these inconsistencies and create a seamless system that can be used by all North Carolina BCCCP providers to assure that our state’s women have the very best care available every time.

We know you entered the healthcare field to care for patients, not to write reams of paperwork. However, as you learned in school, “if it wasn’t documented, it wasn’t done.” Our goal with this case management kit is to develop a system that documents what was done, while at the same time **helping you get the paperwork done, rather than hindering you from being with your patients.**

This revised version of the Case Management Kit contains only one simplified form for you to document your needs assessment and care plan. For most providers, this will greatly reduce the amount of paperwork required for BCCCP case management documentation. The older, more detailed forms are still available from your nurse consultant, if you feel you need the additional guidance they provide.

If you are already documenting some of this information elsewhere in your chart, you may be able to use a modified version of the form. If you would like to use a modified form, please consult with your BCCCP nurse consultant to be sure you are including all the necessary elements. We will work with you to develop a system that works for you and also meets the documentation requirements of CDC.

Tab 3: Training Outline



NC BCCCP Case Management Training



8/11/2010

What Is Case Management?

- Ensuring “appropriate referrals for medical treatment . . . [and] provision of appropriate follow-up services and support services.” - P.L. . 101-354

8/11/2010

Indications For Beginning

- **Clinical breast exam (CBE) finding of**
 - **discrete palpable mass**
 - **serous or bloody nipple discharge**
 - **nipple or areolar scaliness**
 - **skin dimpling or retraction**

8/11/2010

Indications For Beginning

- **Mammogram with finding of**
 - **Suspicious abnormality, biopsy should be considered**
 - **Highly suggestive of malignancy, appropriate action should be taken**
 - **Assessment incomplete, needs additional imaging (only if problems)**

8/11/2010



Indications For Beginning

- **Pap test with finding of**
 - **LSIL**
 - **ASC-H**
 - **HSIL**
 - **Squamous cell carcinoma**
 - **Abnormal glandular cells, including AGUS and Adenocarcinoma**

8/11/2010

Indications For Ending

- **Diagnostic results - no need for treatment or further diagnosis**
- **Patient initiates treatment**
- **Patient no longer qualifies for NCBCCCP**

8/11/2010



Who is Responsible for Case Management?

- **Local Provider - Primary responsibility**
- **State - Policy and technical assistance**

8/11/2010

Key Elements

- **Assessment**
- **Planning**
- **Coordination**
- **Monitoring**
- **Resource Development**
- **Evaluation**

8/11/2010

Identification



- Abnormal test results in data system right away
- Helps consultant help you manage this case

8/11/2010

Discrete Palpable Mass – Work Up In Progress

PHTRAIN (803) - ANNAND,INSURANCE (950169721) Breast Cancer Screening

File Edit Favorites Avatar PH Avatar CWS

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ANNAND,INSURANCE (950169721) Date Of Birth: 03/05/1956; Social Security Number: 000-00-0000

Breast Cancer Screening and Follow-Up

Diagnostic Disposition

2 Diagnostic: workup or results are pending

Diagnostic Disposition Date

T Y

Final Diagnosis

Stage

Comments

Tumor Size

Treatment Disposition

Treatment Date

T Y

Case Management Needs Assessment

Yes No

Case Management Care Plan

Yes No

8/11/20

Complete

Cervical Cancer Screening

Breast Cancer Screening

Chart Review

Needs Assessment



- Abnormal finding requires needs assessment
- Helps determine need for CM care plan

8/11/2010

Assessment

- Identify patient
- Social resources
- Access to services
- Education/counseling needs
- Other barriers to care

8/11/2010



1. Last Name _____ First Name _____ MI _____

2. Patient Number _____

3. Date of Birth _____

4. Race: ☐ White ☐ Black ☐ American Indian/Alaskan ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other

5. Gender: ☐ Male ☐ Female

6. Country of Residence _____

7. Date of abnormal test _____

NC Department of Health and Human Services
Division of Public Health - Chronic Disease and Injury Section

**NC BCCCP CASE MANAGEMENT
CLIENT NEEDS ASSESSMENT
AND CARE PLAN**

Reason for NC BCCCP Case Management:

☐ Abnormal CBE
☐ Abnormal Mammogram
☐ Abnormal Pap result (LSIL, ASC-H, HSIL, SCC, or AGC)

Needs Assessment

Does patient have inadequate social support? ☐ Yes ☐ No

Does patient lack access to services needed? ☐ Yes ☐ No

Does patient need help understanding the follow up needed? ☐ Yes ☐ No

Are there other barriers to this patient obtaining the follow up required? ☐ Yes ☐ No
If Yes, explain _____

A YES answer in any category requires a plan to assist the patient to overcome barriers to follow up care. Please list your plan below.

CARE PLAN			
Problem	Plan	Expectation	Outcome
<input type="checkbox"/> Inadequate social support			
<input type="checkbox"/> Lacks access to services			
<input type="checkbox"/> Lacks understanding of services needed			
<input type="checkbox"/> Other barriers			

Planning



- Bottom half of needs assessment form
- Modifiable for individualized care
- Addresses needs noted above

8/11/2010



1. Last Name _____ First Name _____ MI _____

2. Patient Number _____

3. Date of Birth _____

4. Race: ☐ White ☐ Black ☐ American Indian/Alaskan ☐ Asian ☐ Pacific Islander ☐ Other

5. Gender: ☐ Male ☐ Female

6. Country of Residence _____

7. Date of abnormal test _____

8. Reason for BCCCP Case Management:

- ☐ Abnormal CBE
- ☐ Abnormal Mammogram
- ☐ Abnormal Pap result (LSIL, ASC-H, HSIL, SCC, or AGC)

9. Needs Assessment

Does patient have inadequate social support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient lack access to services needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient need help understanding the follow up needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other barriers to this patient obtaining the follow up required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain _____

A YES answer in any category requires a plan to assist the patient to overcome barriers to follow up care. Please list your plan below.

CARE PLAN			
Problem	Plan	Expectation	Outcome
<input type="checkbox"/> Inadequate social support			
<input type="checkbox"/> Lacks access to services			
<input type="checkbox"/> Lacks understanding of services needed			
<input type="checkbox"/> Other barriers			

Coordination



- Schedule appointments
- Assist patient to contact resources

8/11/2010

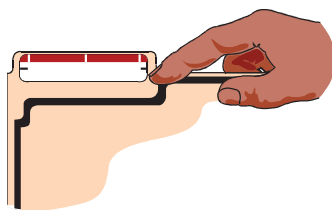
Monitoring



- Follow up on appointments
- Obtain referral results

8/11/2010

Resource Development



- Maintain list of resources in your community
- Maintain contracts with referral sources
- Assist patient to advocate for herself

8/11/2010

Evaluation



- Was the process helpful to the patient?
- Are there things you can improve?
- Can the state improve the forms or the process?

8/11/2010

Discrete Palpable Mass – Work Up Complete

PHTRAIN (803) - ANNAND,INSURANCE (950169721) Breast Cancer Screening

File Edit Favorites Avatar PH Avatar CWS

Page 6 of 6

ANNAND,INSURANCE (950169721) Date Of Birth: 03/05/1956; Social Security Number: 000-00-0000

Breast Cancer Screening and Follow-up

Diagnostic Disposition

Diagnostic Disposition Date
 T Y

Final Diagnosis

Stage

Tumor Size

Treatment Disposition

Treatment Date
 T Y

Case Management Needs Assessment
☒ Yes ☐ No

Case Management Care Plan
☒ Yes ☐ No

Comments

8/11/20

Complete

Cervical Cancer Screening Breast Cancer Screening Chart Review



Questions?



- Call your BCCCP Nurse Consultant
- If you do not know who your consultant is, call the main BCCCP office at 919-707-5300 to find out

8/11/2010

Tab 4: Forms

1. Last Name		First Name		MI	
2. Patient Number					
3. Date of Birth					
		Month	Day	Year	
4. Race	1. White		2. Black/African American		
	3. American Indian/Native Alaskan		4. Asian		
	5. Native Hawaiian/Other Pacific Islander		6. Other		
Ethnicity: Hispanic/Latino Origin?		1. Yes		2. No	
5. Gender	1. Male		2. Female		
6. County of Residence					

NC BCCCP CASE MANAGEMENT CLIENT NEEDS ASSESSMENT AND CARE PLAN

Reason for NC BCCCP Case Management:
Abnormal CBE
Abnormal Mammogram
Abnormal Pap result (LSIL, ASC-H, HSIL, SCC, or AGC)

Date of abnormal test _____

Needs Assessment

Does patient have inadequate social support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient lack access to services needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient need help understanding the follow up needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other barriers to this patient obtaining the follow up required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain _____ _____ _____

A YES answer in any category requires a plan to assist the patient to overcome barriers to follow up care. Please list your plan below.

CARE PLAN

	Problem	Plan	Expectation	Outcome
<input type="checkbox"/>	Inadequate social support			
<input type="checkbox"/>	Lacks access to services			
<input type="checkbox"/>	Lacks understanding of services needed			
<input type="checkbox"/>	Other barriers			

Instructions for NC BCCCP Case Management Needs Assessment and Care Plan (DHHS 4091)

This form is designed to document assessment of need for case management for NC BCCCP-enrolled women who have abnormal results for CBE, mammogram, or Pap test. If the needs assessment indicates an area of concern regarding barriers to obtaining the needed diagnosis and/or treatment, the form also provides a place to document a case management care plan.

You may make photocopies of this form as needed. If you need an electronic copy of the form, contact your NC BCCCP Nurse Consultant at 919-707-5300.

- | | |
|--|---|
| 1-6. NAME, NUMBER, etc. | Attach the computer generated label in this space or emboss the information imprinted on the patient's plastic card. If a label or card is not available manually record all requested information. |
| 7. REASON FOR NC BCCCP CASE MANAGEMENT | Check the abnormal screening result which requires assessment of need for case management. |
| 8. DATE OF ABNORMAL TEST | Record the date of the test that had the abnormal result that requires assessment of need for case management. |
| 9. NEEDS ASSESSMENT | For each of the four questions, check Yes or No. If the answer to any of the questions is Yes, proceed to the bottom half of the form. If the answer to all four questions is No, no additional documentation on this form is required. |
| 10. CARE PLAN CHECK BOXES | Place a check in the box next to any problem you identified in the Needs Assessment. |
| 11. PLAN | Appropriate plans to address each problem or identified need listed in this column. Write in how you plan to address each identified need. |
| 12. EXPECTATIONS | Enter the outcome(s) you expect to achieve as a result of your plan. |
| 13. OUTCOME | Enter the actual outcome(s) of your plan. |

Tab 5: NC Policy

NC BCCCP CASE MANAGEMENT POLICY

The Congressional mandate for BCCCP requires all grantees to take all appropriate measures to ensure provision of services required by women who have abnormal screening results. Screening alone does not prevent cancer deaths; it must be coupled with timely and appropriate diagnostic and treatment services. Case management is an essential service to assist underserved women to overcome financial, logistical or other barriers to access appropriate services for breast and cervical cancer treatments.

Women with abnormal screening results or a diagnosis of cancer are the priority population to receive case management services. Case management will largely be a service provided on the local level with intervention by the NC BCCCP Case Managers as deemed appropriate by the local provider or by case finding through data management. This plan divides the state and local roles in case management, with an understanding that they will frequently overlap.

I. ASSESSMENT:

STATE ROLE	LOCAL ROLE
<ol style="list-style-type: none">1. Examination of local provider's capacity for CM.<ol style="list-style-type: none">a. Orientation of new coordinators<ol style="list-style-type: none">1. Timeliness2. Contentb. Assessment of coordinators knowledge of local and regional resource availability.c. Utilization of resources (program and local) by coordinators2. Tracking of agency performance through use of program data. (See Monitoring)3. Identification of unmet patient needs (See Monitoring)	<ol style="list-style-type: none">1. Assessment of and recording of available community/local resources.<ol style="list-style-type: none">a. Initialb. Update as needed, as least annually.2. Individual assessment of all patients for:<ol style="list-style-type: none">a. Level of understandingb. Special teaching needsc. Compliance with teaching and follow-up3. Individually assess all patient examination or test results for abnormal findings.4. Utilize available and existing resources appropriately.5. Assure compliance with program timelines for appropriate diagnostic and treatment services.6. Assure compliance with program guidelines for data entry.

II. PLANNING:

STATE ROLE	LOCAL ROLE
<ol style="list-style-type: none">1. Development of written plan of care for utilization of services (standardized per diagnosis or abnormal finding) to include:<ol style="list-style-type: none">a. Determining level of abnormality of test results.b. Beginning and end point of case managementc. Determination of patients level of comprehension of need for interventiond. Determination of patient needse. Protocols for appropriate follow-upf. Determination of resources available (blanket coverage, will be refined by local provider on a per patient basis)g. A definition of accountability for provision of case management, including timeliness.2. Determine level of patient follow through (compliance) through data management.3. Assist with timeliness of NC BCCCP Case Manager intervention through data management or as requested.	<ol style="list-style-type: none">1. Recognize appropriate threshold or parameters for intervention.2. Complete an individualized needs assessment for each patient with abnormal findings (upon which to base the patient plan).3. Develop an individualized patient plan.4. Utilize NC BCCCP Case Managers to assist with patient needs, as appropriate.5. Evaluate, revise individualized plan, as needed.6. Responsible for arrangement of patient follow-up per program guidelines.

III. COORDINATION:

STATE ROLE	LOCAL ROLE
<ol style="list-style-type: none">1. Establish and maintain communication with local providers.2. Establish and maintain standardized systems and models for case management.3. Execute timely response to local provider needs.4. Coordinate, interact with patients or service contractors at request of local providers, or as indicated by data.	<ol style="list-style-type: none">1. Brokerage, coordinate, refer patients as indicated, based on care plan.2. Work actively with patient to assess need and capacity for follow-up and to evaluate options.3. Utilize care plan, as indicated.4. Utilize NC BCCCP Case Managers, as indicated to assist in patient plan of care or intervention.

IV. MONITORING:

STATE ROLE	LOCAL ROLE
<ol style="list-style-type: none">1. Evaluate, review and revise NC BCCCP Case Management plan, at timely intervals and as needed.2. Evaluate, review and revise standard protocols for care and models, annually and as indicated by changes in research.3. Track local provider needs related to case management through data.4. Onsite visits with local provider to assist with case management, as needed.5. Review local providers access to service contractors annually and as needed.	<ol style="list-style-type: none">1. Ongoing assessment of patients to determine if :<ol style="list-style-type: none">a. Needs are being metb. Need for new or additional services has been identifiedc. Need for new resourcesd. New or additional barriers to care or treatment have been identified.2. Ongoing assessment of local resources to ascertain that:<ol style="list-style-type: none">a. Patient needs are being metb. Services continue to be available as describedc. Physicians and local contractors receive adequate information with regard to patient needs/diagnosesd. Contracts are current.3. Evaluate, review and revise patient care plans as indicated.4. Utilize NC BCCCP Case Managers, as indicated.5. Share comments and suggestions for improvement with state program.

V. RESOURCE DEVELOPMENT:

STATE ROLE	LOCAL ROLE
<ol style="list-style-type: none">1. Describe essential services in Case Management, Diagnosis and Treatment.2. Define local provider requirement to assess and attach list of all service contractors to annual contract agreement.3. Assessment of local providers to determine:<ol style="list-style-type: none">a. Unmet service contract needsb. Barriers to patient care or treatmentc. Unmet program needsd. Educational needse. Other4. Develop and or provide educational materials for local providers, patients, and service contractors as needed. <p>Coordinate with QA to:</p> <ol style="list-style-type: none">1. Develop physician or other service contractor satisfaction surveys.2. Develop patient satisfaction surveys.3. Educate local providers regarding use of satisfaction surveys.	<ol style="list-style-type: none">1. Utilize resources as appropriate per state models.2. Effect timely interventions.3. Educate and assist patients regarding knowledge, skills and support to obtain necessary services.4. Educate service contractors regarding NC BCCCP requirements for timely and appropriate patient intervention.5. Utilize satisfaction surveys for patients and service contractors.6. Coordinate with NC BCCCP Case Managers for case management satisfaction.

VI. EVALUATION:

STATE ROLE	LOCAL ROLE
<ol style="list-style-type: none">1. Assess effectiveness of overall case management<ol style="list-style-type: none">a. % of program participants indicated to have received appropriate interventions per the data and report of local providers.b. % of program participants indicated to have received timely interventions per the data and report of the local provider.2. Evaluate satisfaction survey results and assist with appropriate evaluation or revision of local program.3. Audit local providers case management services, as needed.	<ol style="list-style-type: none">1. Assess patient satisfaction annually and as needed.2. Assess service contractors' satisfaction annually and as needed.3. Participate in case management audit of<ol style="list-style-type: none">a. Appropriateness of interventionb. Timelinessc. Documentationd. Data entrye. Utilization of NC BCCCP Case Manager.

Tab 6: National (CDC) Policy

Case Management Policy

National Breast and Cervical Cancer Early Detection Program

PC.17: CASE MANAGEMENT

All NBCCEDP-enrolled women with an abnormal screening result must be assessed for their need of case management services and provided with such services accordingly. Examples of screening results requiring a case management assessment are BIRADS 3, 4, 5 for mammograms; and LSIL and high-grade lesions or greater for Pap tests. If resources are limited, LSIL screening results may only warrant a brief case management needs assessment. Case management services conclude when a client initiates treatment, refuses treatment, or is no longer eligible for the NBCCEDP. When a woman concludes her cancer treatment, has been released by her treating physician to return to a schedule of routine screening, and continues to meet NBCCEDP eligibility requirements, she may return to the program and receive all its services.

Source: *NBCCEDP Program Manual: NBCCEDP Policies and Procedures Chapter*

Tab 7: Notes



NOTES

[illegible]



NOTES

[illegible]